

PHS

PRISON  
HEALTH  
SERVICES  
INCARCERATED02:20 AM #  
02/20/05 EMERGENCY EXHIBIT 2

ADMISSION DATE <b>4/6/05</b>	TIME <b>0220</b>	ORIGINATING FACILITY <b>Bullock</b>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																												
		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																													
ALLERGIES <b>NKDA</b>	VITAL SIGNS: TEMP <b>102°</b>	ORAL RECTAL	RESP. <b>20</b>	PULSE <b>100</b>	B/P <b>110/78</b>	RECHECK IF SYSTOLIC <b>&lt;100&gt;50</b>																									
NATURE OF INJURY OR ILLNESS			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURE:																								
<p>S. He masturbated on me the other night - So I waited until he went to sleep and grabbed him behind the neck and punched him - Then he got up and started coming after me and I punched him again - I don't know how he got the cut on nose, maybe hit the bed</p> <p>O- Has large scratch over</p>																															
<p>PHYSICAL EXAMINATION</p> <p>Rt eyebrow and a longer scratch on upper forearm is reddened area over the scratch &amp; skin not broken</p> <p>Nas swollen knuckles at hand</p> <p>A- Alteration in Comfit due to Altercation &amp; another climate</p> <p>O- Turn over to Officers to return to population</p>			<table border="1"> <thead> <tr> <th colspan="2">ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr> <td colspan="2"><b>Motrin 800 mg PoD</b></td> <td><b>0230</b></td> <td><b>Cos</b></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>					ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY	<b>Motrin 800 mg PoD</b>		<b>0230</b>	<b>Cos</b>																
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## DIAGNOSIS

**Scratches and swollen Rt knuckles**

## INSTRUCTIONS TO PATIENT

03:10 AM / **OK**

## DISCHARGE DATE

**4/6/05**TIME  
**03:10 PM**

(AM)

(PM)

## RELEASE / TRANSFERRED TO

 DOC AMBULANCECONDITION ON DISCHARGE  
 SATISFACTORY POOR  
 CRITICAL

## NURSE'S SIGNATURE

**John Cawthon RN****4/6/05**

DATE

## PHYSICIAN'S SIGNATURE

## DATE

## CONSULTATION

## INMATE NAME (LAST, FIRST, MIDDLE)

**Thomas, Michael****DOC#  
228564****DOB  
11/1/82****R/S  
W/M****FAC.****Bulle**